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BIB DATA SHEET

CONFIRMATION NO. 2227

SERIAL NUMB 09/938,457	ER	FILING or 371(c) DATE 08/23/2001			CLASS 324	GRO				ATTORNEY DOCKET NO. 9-2001-0135US1/IBM1P0	
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APPLICANTS Robert G. E	Biskeb	orn, Hollister	, CA;								1
** CONTINUING	DATA	\ *********	******	*							
** FOREIGN APE	PLICA	TIONS *****	******	*****	*						
** IF REQUIRED 09/25/2001		EIGN FILING	LICENS	E GRA	ANTED **						
Foreign Priority claimed Yes No Yes No No 35 USC 119(a-d) conditions met Yes No No Allowance				STATE OR COUNTRY		IEETS WINGS	TOTAL CLAIMS		INDEPENDEN CLAIMS	T	
Verified and /TIMOTHY V ELEY/ tve Acknowledged Examiner's Signature Initials				CA		8	19		8		
ADDRESS					•					•	7
ZILKA-KOT P.O. BOX 7 SAN JOSE UNITED ST	72112 , CA 9	0 95172-1120									
TITLE											1
Apparatus i	includ	ing pin adapt	er for air b	earing	surface (ABS)	Iappir	ng				
	☐ All Fees									1	
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No. for following:						1.16 Fees (Filing)				
I FILING FEE I							☐ 1.17 Fees (Processing Ext. of time)				
							☐ 1.18 Fees (Issue)				
☐ Other									٦Į		
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